

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 year

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Middletown  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Henry Howard Ahalt

## 3. (b) Social Security Number

none

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widowed

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 27, 1866

6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

8206

hrs.

min.

9. Birthplace Middletown, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation farmer

## 11. Industry or business

12. Name Lewis Ahalt13. Birthplace Middletown Md.14. Maiden name Margaret Bloch15. Birthplace Middletown Md.16. Informant Earl AhaltAddress York Pa17. Burial Burial Date thereof April 6, 1948  
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Luthers CemeteryLocation Middletown Md.18. Funeral director Gladhill C.Address Middletown, Md.19. 6 April 1948 Elizabeth G. Heck.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1948 at 5:30 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1 1946 to April 5 1948 and that I last saw him alive on April 4 1948

## Immediate cause of death

Cerebral Thrombosis

## DURATION

2 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard H. Humphreys, M.D.

M. D. or other

Address Frederick, Md. Date signed 4/5/48

RECEIVED

APR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03842

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 yrs.  
 Hospital, institution, or street address where death occurred:  
117 E. Potomac St.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 117 E. Potomac St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war

## 3. (a) FULL NAME

Walter Clifton Ambrose

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Alinda S. Bateman6. (c) If alive, give age 57 years7. Birth date of deceased (mo., day, yr.) Dec. 8, 1894

8. AGE: Years 53 Months 4 Days 20 If less than one day  
 hrs. min.

9. Birthplace Brunswick, Fred Co., Md.  
 (Town, county, and state)

10. Usual occupation Barber

11. Industry or business

12. Name George W. Ambrose13. Birthplace Berkley Springs, W. Va.14. Maiden name Eliza C. Hope15. Birthplace Berkley Springs, W. Va.16. Informant Mrs. Walter C. AmbroseAddress 117 E. Potomac St., Brunswick, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof May 1, 1948  
 (month) (day) (year)

Cemetery or crematory Park HeightsLocation Brunswick, Maryland18. Funeral director Jesse S. DaileyAddress 320 W. Potomac St., Brunswick, Md.19. 4-29 19 48 Eugenia H. Burt

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1948 at 1:35 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28, 1948 to April 27, 1948and that I last saw him alive on April 27, 1948Immediate cause of death UremiaNephritis caused byMalignant hypertension

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. H. BurtAddress Brunswick, Md.Date signed 4-29-48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03843

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 4/9/48  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 4/9/48

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County   
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 3511 Greenmount Ave.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Frank Amend

### 3. (b) Social Security Number

220-07-7971

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Mary Amend  
6. (c) If alive, give age 49 years  
7. Birth date of deceased (mo., day, yr.) November 2, 1897  
8. AGE: Years 50 Months 5 Days 17 If less than one day  hrs.  min.

9. Birthplace Germany  
(Town, county, and state)  
10. Usual occupation Welder  
11. Industry or business   
12. Name Frantz Amend  
13. Birthplace Germany  
14. Maiden name Anna ?  
15. Birthplace Germany

16. Informant Mrs. Mary Amend (Wife)  
Address 3511 Greenmount Ave., Balto., Md.

17. Burial Date thereof Apr. 22, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Sacred Heart Cem.  
Location German Hill Road, Baltimore, Md.

18. Funeral director Martin J. Deppel  
Address Cornwall, Baltimore, Md.

19. April 19 19 48  
(Date rec'd by registrar) Registrar JH

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 19 48 at 11:12 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 19 48 to Apr. 19 19 48  
and that I last saw him alive on April 19 19 48

Immediate cause of death Pulmonary Tuberculosis

DURATION  
9 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

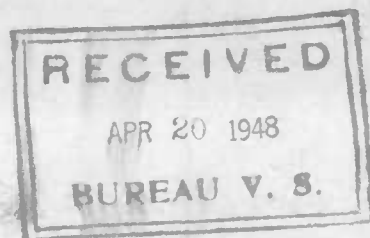
23. SIGNATURE R. W. Breen  
M. D. or other

Address State Sanatorium, Md. Date signed 7/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FrederickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 hrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Lewistown Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_ No

## 3. (a) FULL NAME

Worthington Roy Angleberger

## 3. (b) Social Security Number

No4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Rheba E. Summers Angleberger7. Birth date of deceased (mo., day, yr.) Feb. 8th. 1886 6.(c) If alive, give age 61 years8. AGE: Years 62 Months I Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Frederick Co.  
(Town, county, and state)10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name Wm. Angleberger13. Birthplace Frederick Co. MD14. Maiden name Anna Michael.15. Birthplace Frederick Co. MD16. Informant Worthington R. Angleberger JrAddress Graceham Mds17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Apr. 7th. 1948  
(month) (day) (year)Cemetery or crematory Mt. Olivet Cem.Location Frederick, MD.18. Funeral director M. L. Creager & Son.Address Thurmont. MD19. April 7 1948 Blanchette Eder  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd. 1948 19\_\_\_\_ at 11 PM21. CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1946 to April 3 1948  
and that I last saw him alive on April 3 1948Immediate cause of death Coronary Thrombosis DURATION 3 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Endocarditis ?  
Chronic myocarditis ?  
(Include pregnancy within months of death)Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE M. Frankl. Binsch M. D. or otherAddress Thurmont Md Date signed 4/6/48



RECEIVED  
APR 8 1948  
BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

50X

Reg. Dist. No. 031315

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

226 East Church Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 226 East Church Street(If rural, give LOCATION)  
None

2. (a) If veteran, name war

## 3. (a) FULL NAME

LILLIE MAY AUMEN

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife George E. Aumen

7. Birth date of deceased (mo., day, yr.) June 27, 1876  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 71 Months 9 Days 12 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Johnsville-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

FATHER Milton Warner  
 12. Name Frederick County Maryland  
 13. Birthplace Rebecca Groff

MOTHER Lancaster, Pennsylvania  
 14. Maiden name Miss Emma R. Aumen  
 15. Birthplace

16. Informant 226 E. Church St., Frederick, Md  
 Address

17. Burial 4/11/48  
 (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)

Cemetery or crematory Mount Hope Cemetery  
 Location Woodsboro, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 10 April 1948  
 (Date rec'd by registrar) Registrar Elizabeth G. Heck

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9th, 1948 at 5:40A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1948 to April 9 1948  
 and that I last saw her alive on April 8 1948

Immediate cause of death

Carcinoma Breast  
(with multiple metastases  
to liver, lungs, bones)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

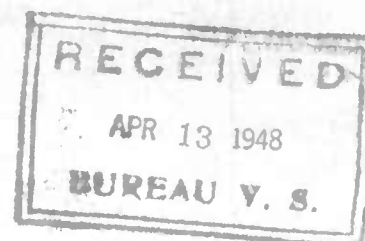
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Hymas M. D.  
Frederick, Maryland M. D. or other  
 Address \_\_\_\_\_ Date signed 4-10-48

M. D.

M. D. or other



## Reg. Diat. No. ... 734 ...

Address: Greenwich Ave, Ada Date signed: 7-2-78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 03847 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3/21/48 4/27/48

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Burkettsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Miss Mary Stella Beatty

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) (Unknown) 18868. AGE: Years 62? Months - Days - It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation Home11. Industry or business HomeFATHER 12. Name Alfred Traphel Beatty13. Birthplace MarylandMOTHER 14. Maiden name Mary Fannell Beatty15. Birthplace Maryland16. Informant Ella R. BeattyAddress Burkettsville, Maryland17. Buried Date thereof April 30, 1948  
(Burial, cremation, or removal, Where?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Maryland18. Funeral director C.H. Fath + SonAddress Burkettsville, Maryland19. 28 April 1948 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1948 at 8 P.M.21. CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1948 to April 27 1948and that I last saw him alive on April 26 1948Immediate cause of death Carcinoma of the Pancreas, no?& Metastases Liver etc.

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE FrederickAddress Frederick Date signed April 27-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03848

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

105 College Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 105 College Avenue  
(If rural, give LOCATION)None

2.(a) If veteran, name war

## 3. (a) FULL NAME

LEAH FRANCES BERGER

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M

## 6. (b) Name of husband or wife

Ernest Berger6. (c) If alive, give age 38 years

## 7. Birth date of deceased (mo., day, yr.)

March 30, 1910

## 8. AGE:

Years

38

Months

0

Days

23

If less than one day

hrs.

min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

FATHER

## 12. Name

Leo Weinberg

## 13. Birthplace

LaRue Grumbine

MOTHER

## 14. Maiden name

Frederick County Maryland

## 15. Birthplace

## 16. Informant

Ernest Berger

## Address

105 College Ave., Frederick, Md.

## 17.

Burial

(Burial, cremation, or removal. Which?)

## Date thereof

4/26/48

(month) (day) (year)

## Cemetery or crematory

Hebrew Friendship CemeteryBaltimore, Maryland

## Location

M. R. Etchison and Son

## 18. Funeral director

Frederick, Maryland

## Address

## 19.

24 April 48

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948 at 3:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1 - 1946 to April 23 1948  
and that I last saw him alive on April 23 1948

Immediate cause of death

Multiple sclerosis

Due to

Pulmonary Thrombosis

Due to

Other conditions

Exhaustion

(Include pregnancy within 3 months of death)

## DURATION

3 years1 day6 months

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Lawrence Talbot M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-24-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
APR 27 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since April 1, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 106 East Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

MARY ETTA BROWN

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced ?

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Unknown 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 60 ? Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Hench Brown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant George W. GordonAddress Frederick, Maryland17. Burial Burial Date thereof 4/3/48

(Burial, examination, or removal, which?) (month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 3 April 1948 Elizabeth Etchison

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 1st, 1948, at 6:05P M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 31 1948 to April 1 1948and that I last saw her alive on April 1 1948Immediate cause of death Diabetes MellitusDue to Diabetes Mellitus

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Howard W. Cash M. D.

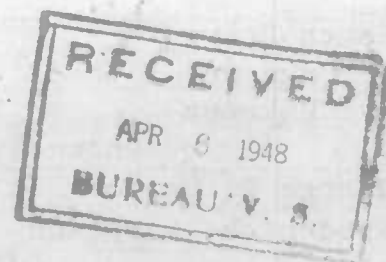
Frederick, Maryland

Date signed 4-2-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, IN UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

30 South Court Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 30 South Court Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

MOLLIE FELESA BROWN

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Jesse Brown

7. Birth date of deceased (mo., day, yr.)

Unknown 1890

6. (c) If alive, give age years

8. AGE:

Years 58?

Months

Days

If less than one day

hrs. min.

9. Birthplace

Hyattstown-Montgomery-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

Raymond Fields

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Henrietta Price

15. Birthplace

Frederick County Maryland

16. Informant

Margie Brown

Address

30 S. Court St., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

4/12/48

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

12 April 1948Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9th 1948 at 1:45P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 4, 1947 to April 9, 1948and that I last saw her alive on April 9, 1948

Immediate cause of death

DURATION

Hypertensive Cardiovascular Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Armand W. Carl M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-9-48

RECEIVED

APR 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

131a

03851

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Rural - Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... Lifetime  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Rural - Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... None

## 3. (a) FULL NAME

CHARLES EDWARD BRUNNER

## 3. (b) Social Security Number

None

4. Sex... Male 5. Color or race... White 6.(a) Single, married, widowed, or divorced... Married  
 6.(b) Name of husband or wife... Myrtle Kline Brunner  
 6.(c) If alive, give age... 62 years  
 7. Birth date of deceased (mo., day, yr.)... April 17, 1778  
 8. AGE: Years... 70 Months... 0 Days... 9 It less than one day... hrs. .... min.

9. Birthplace... Frederick County, Maryland  
 (Town, county, and state)

10. Usual occupation... Retired Farmer

## 11. Industry or business

FATHER 12. Name... Edward L. Brunner  
 13. Birthplace... Frederick County, Maryland  
 MOTHER 14. Maiden name... Annie Marshman  
 15. Birthplace... Germany

16. Informant... Mrs. Charles E. Swonley  
 Address... Walkersville, Maryland

17. Burial... Date thereof... April 28, 1948  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematorium... Pleasant Hill Cemetery  
 Location... Monrovia, Maryland

18. Funeral director... C. E. Cline & Son  
 Address... Frederick, Maryland

19. 28 April 1948 Elizabeth G. Hecke  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Apr 26 1948 at 12:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1948 to Apr 26 1948 and that I last saw him alive on Apr 25 1948

Immediate cause of death... Coronary thrombosis DURATION

Due to.....

Due to.....

Other conditions... Hypertensive Cardiovascular disease  
 (Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Q. E. Foster Day M. D. or other

Address... Walkersville, Md Date signed... Apr 26, 48

RECEIVED  
MAY 1 1948  
BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: *Frederick*  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *8 hrs.*  
 Hospital, institution, or street address where death occurred:  
*Frederick Memorial Hospital*  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*Maryland*..... County.....*Frederick*  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. *P.O. 1 Ark. Ave. Md.*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME *William T. Cain*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed*  
 6. (b) Name of husband or wife *Bertha Cain*  
*deceased* 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) *Oct. 6, 1882*  
 8. AGE: Years *65* Months *6* Days *29* If less than one day..... hrs. .... min.

9. Birthplace *Frederick Co. Md.*  
 (Town, county, and state)  
 10. Usual occupation *Merchant*  
 11. Industry or business *Retired.*  
 FATHER  
 12. Name *Joseph S. Cain*  
 13. Birthplace *Maryland.*  
 MOTHER  
 14. Maiden name *Margaret Pindum*  
 15. Birthplace *Maryland.*  
 16. Informant *Mr. Joseph S. Cain*  
 Address *Md. Ark. Md.*  
 17. *Burial* Date thereof *4-7-48*  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory *Maurice Chapel*  
 Location *Plum Lane, Frederick Co. Md.*  
 18. Funeral director *C. M. Webb*  
 Address *Winfield, Md.*  
 19. *6 April* 19 *48*  
 (Date received by registrar) Registrar *Elizabeth G. Hebe.*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *April 5* 19 *48* at *2:45 P.M.*  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 10* 19 *47* to *April 5* 19 *48*  
 and that I last saw him alive on *April 4* 19 *48*

Immediate cause of death *Cerebral Hemorrhage* DURATION *2 days*  
 Due to *Arterio. sclerosis* *10 years*

Due to.....  
 Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE *Ernest P. Roop, M.D.* M. D. or other  
 Address *New Market Md.* Date signed *4-6-48*

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Form No. 1

U.S. GOVERNMENT PRINTING OFFICE

1948 EDITION

MEDICAL CERTIFICATION

RECEIVED

APR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03853

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town..... Frederick, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 days  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Maryland County..... Montgomery  
 City or town..... Gaithersburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... ☒

## 3. (a) FULL NAME

Edith Cissell

## 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) May 24 1944 6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day  
3 10 24 hrs. min.

9. Birthplace..... Montg. Co. Maryland  
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name..... Albert J. Cissell Jr.  
 13. Birthplace..... md.

MOTHER 14. Maiden name..... Elizabeth C. Schaeffer  
 15. Birthplace..... md.

16. Informant..... Elizabeth C. Cissell  
 Address..... Gaithersburg, Md.

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof..... 4/25/48  
 (month) (day) (year)  
 Cemetery or crematory..... Darstons Cemetery  
 Location..... Darstons, Md.

18. Funeral director..... C. E. Gartner  
 Address..... Gaithersburg, Md.

19. 24 April 19 48 Elizabeth B. Hack  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 23 1948 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
April 21 1948 to April 23 1948  
 and that I last saw her alive on April 23 1948

Immediate cause of death..... Chronic Nephroses DURATION 1 year

Due to.....  
 Due to.....

Other conditions..... Pneumonia  
Ischemia  
 (Include pregnancy within 3 months of death)

Major findings of operations..... None Date of op.....

An autopsy results..... None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury..... Injured at work?

23. SIGNATURE..... A. A. Gasser M.D. M. D. or other  
 Address..... Frederick, Md. Date signed..... 4/23/48

RECEIVED

APR 27 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03854

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

East Eighth Street Extd.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. East Eighth Street Extd.

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

MARGARET CORNELIA CLARK

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

May 5, 1872

8. AGE:

Years

Months

Days

If less than one day

751029

hrs.

min.

9. Birthplace Braddock-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER

FATHER

12. Name

John Clark

13. Birthplace

Ireland

14. Maiden name

Annie Dennis

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. James Clark

Address

E. 8th St., Extd., Frederick, Md.

17.

Burial

Date thereof

4/7/48

(Burial, cremation, or removal of body)

Cemetery or crematory

St. Ignatius Catholic Cemetery

Location

Urbana, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

6 April  
(Date read by registrar)19 48Elizabeth G. Heck.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 19 48 at 6:05P M.

21. I CERTIFY that death occurred on the date above stated; that it ended deceased from

March 20, 1948 to April 1, 1948and that I last saw him alive on April 3, 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederick, Maryland

M. D. or other

Date signed 4-6-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*Handwritten text, mostly illegible due to fading.*

RECEIVED  
APR 7 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03855

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since April 1, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6 Hillside Apartments

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

MERHL WARREN CRUMMITT

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

November 20, 1947

8. AGE:

Years

Months

Days

If less than one day

0426

.....hrs.

.....min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Merhl M. Crummitt13. Birthplace Frederick County Maryland14. Maiden name Carolyn Evelyn Ernest15. Birthplace Frederick County Maryland16. Informant Mrs. Carolyn CrummittAddress 6 Hillside Apts., Frederick, Md.17. BurialDate thereof 4/17/48

(Burial, cremation, or removal, which?)

Cemetery or crematory Frederick Memorial ParkLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 16 April 19 48

(Date rec'd by registrar)

Elizabeth G. Hech

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 16th 19 48 at 8:05A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15 19 48 to April 16 19 48and that I last saw him alive on April 16 19 48

Immediate cause of death

thrombosis  
myocardial  
infarction  
+ pulmonary Tbc.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. Barr

M. D. or other

Address Frederick, MarylandDate signed 4-16-48

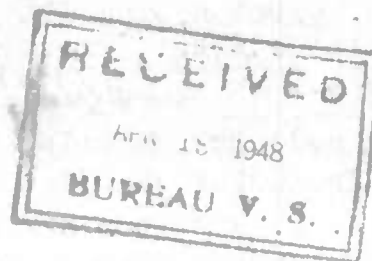
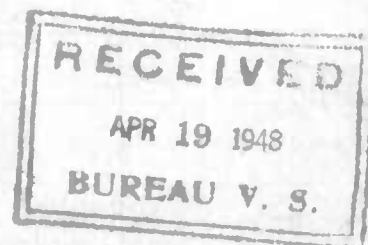
MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Information age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03856

Reg. Diet. No. 145

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Rural-Myersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 20 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... MD County..... Frederick  
 City or town..... Rural-Myersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... W. Wolfersville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... None

## 3. (a) FULL NAME

Margaret Virginia De Lawter

## 3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

J. Noah De Lawter

7. Birth date of

deceased (mo., day, yr.)

Jan 18, 1862

8. AGE:

Years

Months

Days

If less than one day

86

2

18

hrs.

min.

9. Birthplace

Wolfersville - Fredco. Md

10. Usual occupation

Retired

11. Industry or business

Domestic

12. Name

John Shuff

13. Birthplace

Md.

14. Maiden name

Sarah Magruder

15. Birthplace

Md.

16. Informant

Mrs O. A. Brandenburg

Address

Myersville, Md. Rt. #10

17.

(Burial, cremation, or removal, which?)

Buried

Date thereof

4-8-48

Cemetery or crematory

Reformed Cemetery

Location

Myersville, Md.

18. Funeral director

Lyle D. Bittle

Address

Myersville, Md.

19.

(Date rec'd by registrar)

Apr. 8, 1948

Register

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 6, 1948, at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 30, 1948, to Apr 6, 1948

and that I last saw him alive on Apr 5, 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

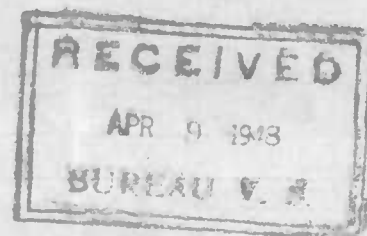
Injured at work?

23. SIGNATURE

J. E. Harp

M. D. or other

Address: Myersville Date signed: 4-6-48



PLEASE WRITE PLAINLY, with UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03857

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? Since April 13, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Adamstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

JONATHAN HERBERT EDWARDS

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.)

April 12, 1869

8. AGE:

Years

Months

Days

If less than one day

7905

hrs.

min.

9. Birthplace

Lovettsville-Loudoun-Virginia

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

Mortimer Edwards

13. Birthplace

Lovettsville, Virginia

MOTHER

14. Maiden name

Sarah Ann Beamer

15. Birthplace

Lovettsville, Virginia

16. Informant

Emergency Hospital Records

Address

Frederick, Md. - Rural

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

4/20/48

(month) (day) (year)

Cemetery or crematory

Union Cemetery

Location

Lovettsville, Virginia

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 19 April

(Date received by registrar)

1948Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 19 48 at 10:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 2 19 48 to April 17 19 48and that I last saw h. i. m. alive on April 17 19 48

Immediate cause of death

Carcinoma, stomach

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

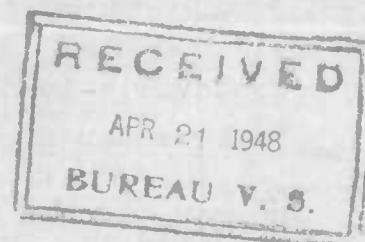
23. SIGNATURE

Bernard Hanna

M. D.

M. D. or other

Address Frederick, MarylandDate signed 4-19-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03858

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 YearsHospital, institution, or street address where death occurred:  
21 East All Saint Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 21 East All Saint Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

JOHN HENRY ENGELBRECHT

## 3. (b) Social Security Number

714-05-67344. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Margaret Stokes6. (c) If alive, give age 54 years7. Birth date of deceased (mo., day, yr.) March 26, 18918. AGE: Years 57 Months 0 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Baltimore, Maryland  
(Town, county, and state)10. Usual occupation Driver11. Industry or business Railway Express Agency12. Name John D. Engelbrecht13. Birthplace Frederick County Maryland14. Maiden name Gertrude Devering15. Birthplace Frederick County Maryland16. Informant Mrs. Margaret EngelbrechtAddress 21 E. All Saint St., Frederick, Md.17. Burial 4/11/48  
(Burial, cremation, or removal, whichever) Date thereof (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 10 April 19 48 Elizabeth B. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th, 19 48 at 7 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938 19 48 to April 8 19 48and that I last saw him alive on April 7 19 48Immediate cause of death Cerebral Occlusion DURATION 4 hrs.Due to Cerebral Occlusion 4 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE M. D. M. D. or otherAddress Frederick, Maryland Date signed 4-10-48

RECEIVED

APR 13 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03859

61

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 days  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md County Frederick  
 City or town Unionville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Elsie Clara Engle

## 3. (b) Social Security Number

✓

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife James E. Engle  
 6.(c) If alive, give age 70 years  
 7. Birth date of deceased (mo., day, yr.) Dec. 23, 1880  
 8. AGE: Years 67 Months 3 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick Co.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business \_\_\_\_\_  
 FATHER 12. Name Salomon P. Keeney  
 13. Birthplace Frederick Co  
 MOTHER 14. Maiden name Mary Jane Beard  
 15. Birthplace Frederick Co.

16. Informant Mr. James E. Engle  
 Address Union Bridge, Md.  
 17. Burial (Burial, cremation, or removal, which?) Burial Date thereof April 21, 1948  
 (month) (day) (year)  
 Cemetery or crematory Rocky Hill  
 Location M. Woodstock  
 18. Funeral director J. E. Barton  
 Address Wettersville, Md.

19. 21-April 1948 Elizabeth G. Hech  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1948 at 6:15 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 1948 to April 18 1948  
 and that I last saw her alive on April 17 1948  
 Immediate cause of death Coronary Occlusion  
 DURATION \_\_\_\_\_  
 Due to Arteriosclerosis  
hypertension  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

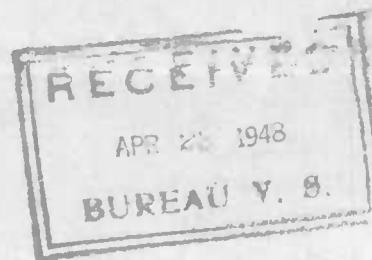
23. SIGNATURE E. H. Legg M. D. or other \_\_\_\_\_  
 Address Union Bridge Date signed 4-20-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03860

4687

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 Years

Hospital, institution, or street address where death occurred:

9 West Second Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Urbana  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

JOHN RADCLIFFE EWELL

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Clara Smith Grove Ewell7. Birth date of deceased (mo., day, yr.) March 7, 1890 6.(c) If alive, give age 48 years8. AGE: Years 58 Months 1 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Baltimore, Maryland  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business Petroleum Industry12. Name Thomas Jefferson Ewell13. Birthplace Cecilton, Maryland14. Maiden name Mary E. Robinson15. Birthplace Taylor's Island, Md.16. Informant Mrs. John R. EwellAddress Urbana, Maryland17. Cremation Date thereof April 21, 1948  
(Burial, cremation, or otherwise) (month) (day) (year)Burial or crematory J. William Lees CrematoryLocation Washington, D. C.18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 20 April 19 48 Elizabeth B. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 19 48 at 8:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 19 48 to April 19 19 48and that I last saw him alive on April 19 19 48

Immediate cause of death \_\_\_\_\_

Carcinoma stomach  
Multiple metastases

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Newman, M.D.Address Frederick, Md. Date signed 4/20/48

**RECEIVED**

APR 21 1948

**BUREAU V. S.**

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03861

93d

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 1 Week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Jefferson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

SUSAN OCTAVIA FRY

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

W. Frank Fry

7. Birth date of

October 25, 18786. (c) If alive, give age 69 years

8. AGE:

Years 69Months 5Days 16

It less than one day

hrs. min.

9. Birthplace

Lovettsville-Loudoun-Virginia

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

John Souder

13. Birthplace

Loudoun County Virginia

MOTHER

14. Maiden name

Elizabeth James

15. Birthplace

Loudoun County Virginia

16. Informant

W. Frank Fry

Address

Jefferson, Maryland

17. Burial

Date thereof 4/13/48

(Burial, cremation, or removal; When?)

Cemetery or crematory

Reformed Cemetery

Location

Jefferson, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 13 April 19 48

(Date rec'd by registrar)

Elizabeth G. Heck  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th, 19 48 at 6:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 4 19 48, to April 11 19 48and that I last saw him alive on April 10 19 48

Immediate cause of death

Uremia X Primaria  
Hypertensive Cardiac Vascular Disease

DURATION

5 Days

Due to

Pneumonia7 Days

Due to

Other conditions Arteriosclerosis  
Generalized

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

C. Talbot Brine D.

M. D. or other

Address Jefferson, MarylandDate signed 4-12-48

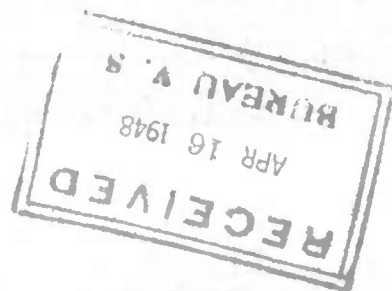
MARGIN RESERVED FOR BINDING

I

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 day  
 Hospital, institution, or street address where death occurred:  
Fredemick Memorial Hospital  
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Md. County Frederick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Fannie May Gardner

## 3. (b) Social Security Number

\_\_\_\_\_

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) June 17, 1863

8. AGE: Years 84 Months 10 Days 10 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Middletown, Md.  
 (Town, county, and state)

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name John Gardner

13. Birthplace Middletown, Md.

14. Maiden name Susan Beckenbaugh

15. Birthplace Middletown, Md.

16. Informant Alta Ridenour

Address Middletown, Md.

17. Burial Burial Date thereof 4-30-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. 30 April 19 48 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 19 48 at 8:42 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 19 48 to Apr 27 19 48

and that I last saw her alive on Apr 27 19 48

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Cardio-Renal Vascular disease 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. S. Harp Md.  
 M. D. or other \_\_\_\_\_

Address Middletown Date signed 4-28-48



Mr. Tolson  
Washington

Enclosed for the Bureau are  
two copies of the report of the  
Special Agent in Charge, New York

Office, dated and captioned  
as above.

Very truly yours,

J. Edgar Hoover



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? About 30 years  
 Hospital, institution, or street address where death occurred:  
17 West Third Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 17 West Third Street  
 (If rural, give LOCATION)  
 None  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

MINNIE A. GEISER

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Curtis Geiser  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) January 28, 1870  
 8. AGE: Years 78 Months 2 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace McKnightstown, Pa.  
 (Town, county, and state)  
 10. Usual occupation Retired Housewife  
 11. Industry or business  
 12. Name Ezra B. McLoughlin  
 13. Birthplace Ireland  
 14. Maiden name Elizabeth Homer  
 15. Birthplace McKnightstown, Pa.

16. Informant Miss Hazel M. Geiser  
 Address 17 W. 3rd St., Frederick, Md.  
 17. Burial Date thereof April 6, 1948  
 (Burial, cremation, or removal, which) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland  
 18. Funeral director C. E. Cline & Son  
 Address Frederick, Maryland  
 19. 6 April 1948 Elizabeth G. Heck  
 (Date rec'd by registrar) (Registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 19 48 at 10:00A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1st, 19 48, to April 4th, 19 48  
 and that I last saw her alive on April 4th, 19 48  
 Immediate cause of death Chronic myocarditis  
Several Months  
 Due to Cardiovascular renal disease with general senile degeneration over a period of years.  
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE C. H. Conley  
C. H. Conley, D. M. A.  
 Address Frederick, Maryland Date signed 4/6/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS 416

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03863

131a

RECEIVED

APR 7 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 11 mod.  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? 11 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Baltimore City  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 227 Scott St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## 3.(a) FULL NAME

Perry Goff

## 3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife - - -  
 6.(c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1913  
 8. AGE: Years 35 Months 1 Days 8 If less than one day - hrs. - min.

9. Birthplace W. Va.  
 (Town, county, and state)

10. Usual occupation Foundry Worker

## 11. Industry or business

MOTHER FATHER  
 12. Name Lewis Goff  
 13. Birthplace W. Va.  
 14. Maiden name Daisy Hammons  
 15. Birthplace W. Va.

16. Informant Deceased  
 Address

17. Burial Date thereof Apr. 8, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Maplewood Cemetery  
 Location Elkins, W. Va.

18. Funeral director M. L. Creagor & Son  
 Address Thurmont, Md.

19. April 5, 1948  
 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1948 at 2:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5, 1947 to April 5, 1948 and that I last saw him alive on April 5, 1948

Immediate cause of death Pulmonary Tuberculosis

DURATION  
17 mos.

Due to - - -

Due to - - -

Other conditions - - -

(Include pregnancy within 8 months of death)

Major findings of operations - - - Date of op. - - -

Autopsy results - - -  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - Date of - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - -

Means of injury - - - Injured at work? - - -

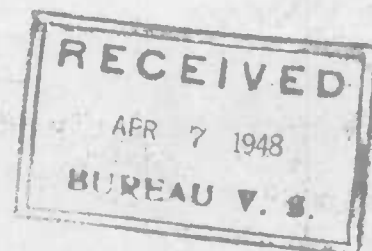
23. SIGNATURE R. G. Baccin M. D. xxx

Address State Sanatorium, Md. Date signed 4/5/48

MARGIN RESERVED FOR BINDING

VS A45 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contents of this certificate are especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03865

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 Years

Hospital, institution, or street address where death occurred:

220 Dill Avenue

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick Avenue

(If outside city or town limits, write RURAL and give nearest town)

Street No. 220 Dill Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

JOHN RANDOLPH GROVE

## 3. (b) Social Security Number

214-10-3468

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>M</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>M</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife Lettye Doty7. Birth date of deceased (mo., day, yr.) August 31, 18766. (c) If alive, give age 66 years

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>71</u> | <u>7</u> | <u>17</u> | ..... hrs. .... min. |

9. Birthplace Nr. Jefferson-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Machinist11. Industry or business Frederick Iron & Steel Co.12. Name Greenberry F. Grove13. Birthplace Frederick County Maryland14. Maiden name Margaret Mahoney15. Birthplace Frederick County Maryland16. Informant Mrs. Lettye D. GroveAddress 220 Dill Ave., Frederick, Md.17. Burial Date thereof 4/21/48

(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 19 April 1948 Elizabeth G. Heck

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1948 at 8 P M21. I certify that death occurred on the date above stated; that it attended deceased fromand that I last saw him alive on April 17 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

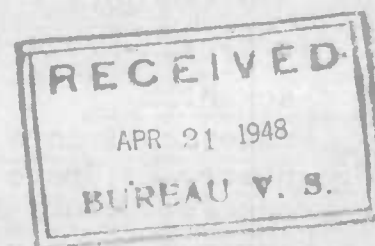
Injured at work?

23. SIGNATURE

Frederick, Maryland M. D. 4-19-48

Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

03866

### 1. PLACE OF DEATH:

County... Frederick  
City or town... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 4/14/48  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 4/14/48

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... Maryland County... Frederick  
City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... Rt. 5  
(If rural, give LOCATION)  
2.(a) If veteran, name war...

### 3. (a) FULL NAME

Inez J. Hallar

### 3. (b) Social Security Number

None

### 4. Sex

Female

### 5. Color or race

White

### 6. (a) Single, married, widowed, or divorced

Married

### 6. (b) Name of husband or wife

xxx Preston Hallar

### 7. Birth date of deceased (mo., day, yr.)

July 3, 1897

### 6. (c) If alive, give age

49 years

### 8. AGE:

Years

Months

Days

If less than one day

50

9

14

hrs.

min.

### 9. Birthplace

Roseville, Ohio

(Town, county, and state)

### 10. Usual occupation

Housewife

### 11. Industry or business

FATHER  
MOTHER

### 12. Name

Ed Stoneburner

### 13. Birthplace

Roseville, Ohio

### 14. Maiden name

Rose Smith

### 15. Birthplace

Roseville, Ohio

### 16. Informant

Preston Hallar (Husband)

### Address

Rt. 5, Frederick, Maryland

### 17. (Burial, cremation, or removal. Which?)

Burial

### Date thereof

Apr. 20, 1948  
(month) (day) (year)

### Cemetery or crematory

Mt. Olivet Cem.

### Location

Frederick, Md.

### 18. Funeral director

C. E. Clivia & Son

### Address

Frederick, Md.

### 19. (Date rec'd by registrar)

Apr. 17 19 48

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 19 48 at 10:45A M

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from April 14 19 48 to April 17 19 48 and that I last saw him alive on April 17 19 48

### Immediate cause of death

Pulmonary Tuberculosis

### DURATION

10 Yrs.

### Due to

### Due to

### Other conditions

(Include pregnancy within 8 months of death)

### Major findings of operations

Date of op.

### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

### Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

### Means of injury

Injured at work?

### 23. SIGNATURE

R. W. Bacon

M. D. J. J. J.

Address State Sanatorium, Md. Date signed 4/17/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 19 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03867

49a7

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 Years

Hospital, institution, or street address where death occurred:

Near Rocky Springs

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Rocky Springs

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (a) FULL NAME

MILDRED REBECCA HANSHEW

## 3. (b) Social Security Number

213-16-1422

|  |                              |  |
|--|------------------------------|--|
| 4. Sex<br><u>F</u>   | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>M</u> |
| 6. (b) Name of husband or wife <u>Foster E. Hanshaw</u>  |                              |  |
| 7. Birth date of deceased (mo., day, yr.) <u>April 12, 1912</u>                                  |                              |  |
| 8. AGE: Years <u>36</u> Months <u>0</u> Days <u>6</u> If less than one day _____ hrs. _____ min. |                              |  |
| 6. (c) If alive, give age <u>39</u> years  |                              |  |

|   |
|---|
| 9. Birthplace <u>Washington, D. C.</u><br>(Town, county, and state) |
| 10. Usual occupation <u>At Home</u>                                 |
| 11. Industry or business  |

|        |  |
|--------|--|
| FATHER | 12. Name <u>Howard Hiltner</u>                   |
|        | 13. Birthplace <u>Frederick County Maryland</u>  |
| MOTHER | 14. Maiden name <u>Alberta Baxter</u>            |
|        | 15. Birthplace <u>Washington County Maryland</u> |

|  |
|--|
| 16. Informant <u>Foster E. Hanshaw</u>                       |
| Address <u>R. F. D. #5, Frederick, Md.</u>                   |
| 17. <u>Burial</u><br>(Burial, cremation, or removal. Which?) |
| Date thereof <u>4/21/48</u><br>(month) (day) (year)          |
| Cemetery or crematory <u>Rocky Springs Cemetery</u>          |
| Location <u>Near Frederick, Maryland</u>                     |

|  |
|--|
| 18. Funeral director <u>M. R. Etchison and Son</u> |
| Address <u>Frederick, Maryland</u>                 |

|   |                                       |
|---|---------------------------------------|
| 19. <u>20 April 1948</u><br>(Date rec'd by registrar) | <u>Elizabeth L. Hesh</u><br>Registrar |
|---|---------------------------------------|

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1948 at 4:45P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1948 to April 18 1948 and that I last saw him alive on April 18 1948

Immediate cause of death

Cardiovascular  
failure in ovarian

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Howard W. Ash M. D.

M. D. or other

Address Frederick, Maryland Date signed 4-19-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

408 North Bentz Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 408 North Bentz Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

GUY WILLIAM HIMES

## 3. (b) Social Security Number

212-14-6102

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>M</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>M</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife Nannie Crutchley6. (c) If alive, give age 37 years7. Birth date of deceased (mo., day, yr.) September 9, 1904

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>43</u> | <u>6</u> | <u>23</u> | .....hrs. ....min.   |

9. Birthplace Frederick County Maryland  
(Town, county, and state)10. Usual occupation Church Sexton

11. Industry or business

12. Name Daniel Himes13. Birthplace Frederick County Maryland14. Maiden name Minnie Metz15. Birthplace Washington County Maryland16. Informant Mrs. Guy W. HimesAddress 408 N. Bentz St., Frederick, Md.17. Burial 4/5/48  
(Burial, cremation or removal, which?) Date thereof (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 April 1948 Elizabeth G. Heck  
(Date read by registrar) Registrar

## MEDICAL CERTIFICATION About 12

20. DATE OF DEATH April 2, 1948 Midnight

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... to .....  
and that I last saw him DEAD April 2nd, 1948

Immediate cause of death

Coronary occlusion

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Bone Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 4-2-48

03868

940

RECEIVED

APR 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

159

03869

Reg. Dist. No. 121

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 113A - West 3rd Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

EDWIN ALVIN

## 3. (b) Social Security Number

Refused

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

## 6. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

April 22, 1948

## 6. (c) If alive, give age

years

## 8. AGE:

Years

Months

Days

If less than one day

001

hrs.

min.

## 9. Birthplace

Frederick, Frederick Co., Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

FATHER

## 12. Name

Edward Kefauver

## 13. Birthplace

Frederick, Md

MOTHER

## 14. Maiden name

Kathleen Kepner

## 15. Birthplace

Middletown, Md.

## 16. Informant

Edward Kefauver

## Address

Frederick, Md.

## 17.

(Burial, cremation or removal. When?)

Date thereof

4-24-48  
(month) (day) (year)

## Cemetery or crematory

Lutheran Cemetery

## Location

Middletown, Md.

## 18. Funeral director

Oldhill Co.

## Address

Middletown, Md.

## 19.

(Date rec'd by registrar)

24 April 1948Elizabeth G. Hark

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948, at 7:27 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 22 1948, to April 23 1948and that I last saw him alive on April 22 1948

Immediate cause of death

Prematurity

## DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

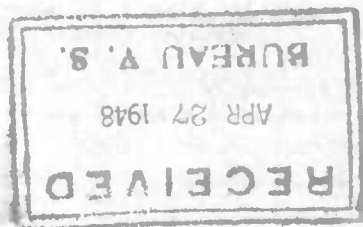
E. J. Harp MD

M. D. or other

Address

MiddletownDate signed 4-23-48





W. J. ...  
...

Apr 1 5 1948  
...

...



name

Edwin Alvin Kefauver.

He did not issue burial permit,  
was sent to me by Mrs Gladhill,  
registrar in Middletown.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

03870

131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 YearsHospital, institution, or street address where death occurred:  
11 East South Street

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 11 East South Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

ELIZABETH KOONTZ

## 3. (b) Social Security Number

None

|                    |                              |  |
|--------------------|------------------------------|--|
| 4. Sex<br><u>F</u> | 5. Color or race<br><u>W</u> | 6. (a) Single, married, widowed, or divorced<br><u>W</u> |
|--------------------|------------------------------|--|

6. (b) Name of husband or wife George T. Koontz

6. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) September 15, 1875

|                            |                    |                  |  |
|----------------------------|--------------------|------------------|--|
| 8. AGE: Years<br><u>72</u> | Months<br><u>7</u> | Days<br><u>2</u> | If less than one day<br>..... hrs. .... min. |
|----------------------------|--------------------|------------------|--|

9. Birthplace New Midway-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business .....

12. Name Mathias Sager13. Birthplace Germany14. Maiden name Catherine Fogle15. Birthplace Frederick County Maryland16. Informant W. Russell Koontz, Sr.Address Frederick, Maryland17. Burial Date thereof 4/21/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rocky Hill CemeteryLocation Near Woodsboro, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 19 April 19 48 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 18th 1948 at 4 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 48 to April 18 19 48 and that I last saw him alive on April 18 19 48Immediate cause of death Cerebral Hemorrhage DURATION Other

Due to .....

Due to .....

Other conditions Decomposed body ?  
Edematous legs due to venous ?  
stasis

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE William H. Hargrave, D.Address Frederick, Maryland Date signed 4-19-48

RECEIVED  
APR 21 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03871

139

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 5/23/47  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 5/23/47

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County .....  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 737 W. Pratt St.  
 (If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Antanas Kripas

## 3. (b) Social Security Number

218-14-6992

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Anna Kripas  
 7. Birth date of deceased (mo., day, yr.) June 18, 1889 6.(c) If alive, give age 49 years  
 8. AGE: Years 58 Months 10 Days 11 If less than one day  
 hrs. min.

9. Birthplace Lithuania  
 (Town, county, and state)  
 10. Usual occupation Bartender  
 11. Industry or business

FATHER 12. Name Joseph Kripas  
 13. Birthplace Lithuania  
 MOTHER 14. Maiden name Sella Palauskuti  
 15. Birthplace Lithuania

16. Informant Albert Kripas (Son)  
 Address 737 W. Pratt St., Baltimore, Md.

17. Burial Date thereof May 3, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Holy Redeemer  
 Location Belair Road, Baltimore 13, Md.

18. Funeral director Charles W. Kachauskas  
 Address 703 McHenry St., Baltimore, Md.

19. April 30 19 48  
 (Date rec'd by registrar) Registrar [Signature]

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 19 48 at 9:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
May 23 19 47 to Apr. 29 19 48  
 and that I last saw him alive on April 29 19 48

Immediate cause of death  
Pulmonary Tuberculosis DURATION 3 Yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE R. L. Bacon M. D. or other

State Sanatorium, Md. Address..... Date signed 4/30/48

PLEASE WRITE PLAINLY, USING UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 03872  
131

### 1. PLACE OF DEATH:

County Frederick  
City or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Lifetime  
Hospital, institution, or street address where death occurred:  
Emergency Hospital  
How long in hospital or institution? 10 Days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 112 East Sixth Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

ANNA MARY LEASE

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband Robert M. H. Lease

7. Birth date of deceased (mo., day, yr.) June 26, 1864 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 83 Months 9 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County, Maryland  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Hankey

13. Birthplace Frederick County, Md.

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mr. Harry M. Lease

Address Frederick, Maryland

17. Burial Date thereof April 26, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 26 April 19 48 Elizabeth B. Hark  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 19 48 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13 19 48 to April 23 19 48  
and that I last saw him alive on April 23 19 48

Immediate cause of death Carcinoma body uterus  
Multiple metastases.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Bernard Thomas, M.D.  
Frederick, Md. M. D. or other \_\_\_\_\_

Address Frederick, Md. Date signed 4/24/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 27 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03873

942

## 1. PLACE OF DEATH:

County FrederickCity or Frederick, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State MD County FrederickCity or town Emmitsburg rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lingg, Felix H.

## 3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Mrs. Rosella Lingg6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) Sept 7 - 18848. AGE: Years 63 Months 06 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Frederick Co. Md

(Town, county, and state)

10. Usual occupation Stone Mason

11. Industry or business \_\_\_\_\_

12. Name Michael Lingg13. Birthplace Frederick Co. Md14. Maiden name Marjorie O. Toole15. Birthplace Frederick Co. Md16. Informant Chas. B. LinggAddress Emmitsburg, Md17. Burial, cremation, or removal, when \_\_\_\_\_ Date thereof April 5 - 1948Cemetery or crematory St Anthony's CemLocation St Anthony's18. Funeral director M. J. Creger SonAddress Thurmont Md19. 4 April 19 48 Elizabeth G. Heck

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1948 19 48 at 10/25 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1948 to April 2, 1948and that I last saw him alive on April 2, 1948Immediate cause of death Acute CoronaryThrombosis

## DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. Justin Pearce M.D.

M. D. or other

Address \_\_\_\_\_ Date signed \_\_\_\_\_

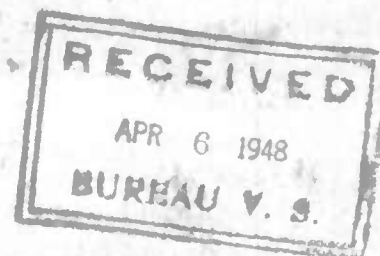
MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

03874

134

## 1. PLACE OF DEATH:

County Frederick  
 City or town Emmitsburg  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Emmitsburg  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. East Main Street  
 (If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Bertie Elizabeth Martin

## 3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

November 11, 1880

8. AGE:

Years

Months

Days

If less than one day

67428

hrs.

min.

9. Birthplace Harris Sta., Obion Co., Tenn.  
 (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER

12. Name George Martin13. Birthplace Palmyra, Tennessee

MOTHER

14. Maiden name Addie Ramey15. Birthplace Palmyra, Tennessee16. Informant B. David MartinAddress Emmitsburg, Maryland

17. Burial Date thereof April 12, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain View CemeteryLocation Emmitsburg, Maryland18. Funeral director S. L. AllisonAddress Emmitsburg, Maryland

19. April 10 19 48 M. E. Shuff  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 48 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on April 9 19 48

Immediate cause of death

Coronary occlusion

DURATION

Mild

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. Bar Regist  
Frederick, Md. M. D. or other  
 Date signed 4.9.48

**RECEIVED**

APR 21 1948

**BUREAU V. S.**

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03875

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH:

County FrederickCity or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mrs. Myrtle C. McGraw

4. Sex

Female

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife William C. McGraw7. Birth date of deceased (mo., day, yr.) Jan 31, 1878

8. AGE:

Years

Months

Days

If less than one day

70216

hrs.

min.

9. Birthplace

Md

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name David Brown13. Birthplace Md14. Maiden name Melinda Moser15. Birthplace Md16. Informant William C. McGrawAddress Emmitsburg, Md.17. Burial Date thereof April 19, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. View CemeteryLocation Emmitsburg, Md.18. Funeral director C. O. FUSS & SONAddress Taneytown, Md.19. April 19 19 48 M. F. Shuff  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 48, at 7:20 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 19 47 to April 16 19 48and that I last saw him alive on April 16 19 48Immediate cause of death Coronary Thrombosis

DURATION

1 hr.Due to Arteriosclerosis ?

Due to \_\_\_\_\_ ?

Other conditions Diabetes mellitus ?  
Hypertension ?  
(Include pregnancy within 3 months of death)Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE M. F. Shuff M.D. or other \_\_\_\_\_  
Address Thurmont, Md. Date signed 4/17/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 21 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03876

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County... Frederick  
City or town... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 5/2/47  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 5/2/47

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Allegany  
City or town... Mt. Savage  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. ....  
(If rural, give LOCATION)  
2.(a) If veteran, name war. ....

### 3. (a) FULL NAME

Harrison Minnick

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife xxxx Edith Minnick  
6.(c) If alive, give age. .... years  
7. Birth date of deceased (mo., day, yr.) September 13, 1892  
8. AGE: Years 55 Months 6 Days 20 If less than one day .... hrs. .... min.

9. Birthplace Hyndman, Pa.  
(Town, county, and state)  
10. Usual occupation Silk-worker  
11. Industry or business  
12. Name John Minnick  
13. Birthplace Fulton County, Pa.  
14. Maiden name Caroline Hand  
15. Birthplace Fulton County, Pa.

16. Informant Deceased  
Address  
17. Burial Date thereof Apr. 5, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Methodist Cem.  
Location Mt. Savage, Md.  
18. Funeral director M. L. Creager & Son  
Address Thurmont, Maryland  
19. April 3 1948  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1948 at 5:15P M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1947 to April 2 1948 and that I last saw him alive on April 2 1948  
Immediate cause of death Pulmonary Tuberculosis  
DURATION 16-Mos.  
Due to ...  
Due to ...  
Other conditions Cardio-vascular failure 1-Week  
(Include pregnancy within 3 months of death)  
Major findings of operations ... Date of op. ...  
Autopsy results ...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide ... Date of ...  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE R. B. Beebe  
M. D. JAMES  
Address State Sanatorium, Md. Date signed 4/3/48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Mt Pleasant  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 yrs  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick  
 City or town Mt Pleasant  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

August Monath

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced  
married  
 6. (b) Name of husband or wife Hallie L. Bruchey  
 6. (c) If alive, give age 90 years  
 7. Birth date of deceased (mo., day, yr.) Nov. 20, 1864  
 8. AGE: Years 83 Months 5 Days 3 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Carroll Co  
(Town, county, and state)10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

FATHER 12. Name Christian Monath13. Birthplace GermanyMOTHER 14. Maiden name Paula Rued15. Birthplace Germany16. Informant Mrs Hallie MonathAddress Frederick, Route 117. Burial Date thereof April 25 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Union ChapelLocation N. Liberty town18. Funeral director G. E. BartonAddress Waldersville19. 24 April 1948 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 23 1948, at 8:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 14 1946 to Apr. 23 1948and that I last saw him alive on Apr. 23 1948

Immediate cause of death \_\_\_\_\_ DURATION

Myocarditis 2 yrs.

Due to \_\_\_\_\_

Due to Arteriosclerosis

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Lora H. Beall, M.D.Address Libertytown Date signed 4/23/48



MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 27 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

03878

145

### 1. PLACE OF DEATH:

County Frederick

City or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural Myersville  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war none

### 3. (a) FULL NAME

David Henry Naille

### 3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 22, 1867

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

80

11

8

hrs.

min.

9. Birthplace Myersville, Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation retired farmer

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial Date thereof May 3, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory U. B. Cemetery

Location Myersville, Md.

18. Funeral director Bladhill Co.

Address Middletown, Md.

19. May 3, 1948 Edgar Batte  
(Date received by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1948 at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20, 1948 to April 30, 1948 and that I last saw him alive on Jan 24, 1948

Immediate cause of death

Bronchogenic carcinoma

DURATION

7 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

S. R. Scholten, M.D.

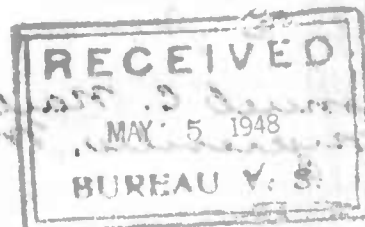
Address 3 W 2nd St. Frederick, Md. Date signed 5/1/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

219 Washington Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 219 Washington Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

BESSIE MAY NULL

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband Edgar G. Null5. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) April 18, 1883

## 8. AGE:

Years

65

Months

0

Days

4

If less than one day

.....hrs. ....min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

12. Name William H. Hiltner13. Birthplace Frederick County Maryland14. Maiden name Adelaide Six15. Birthplace Frederick County Maryland16. Informant Edgar G. NullAddress 219 Washington St., Frederick, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/25/48  
(month) (day) (year)Cemetery or crematorium Mount Olivet CemeteryFrederick, Maryland

Location

18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 26 April 1948  
(Date rec'd by registrar)Elizabeth S. Huh  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd, 1948 at 8:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1, 1948 to April 22, 1948  
and that I last saw him alive on April 22, 1948Immediate cause of death Cardiac thrombosis DURATION24 hoursDue to Chronic myocarditisDue to Diabetes mellitus

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. G. Smith M. D.Address Frederick, Maryland Date signed 4-24-48

RECEIVED  
APR 27 1948  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03880

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County... Frederick  
City or town... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 9/11/47  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 9/11/47

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Carroll  
City or town... Westminster  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... 25 Hirsh Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name War... ✓

### 3. (a) FULL NAME

Helen Agnes Otto

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife xxxx John E. Otto  
7. Birth date of deceased (mo., day, yr.) July 4, 1913  
6.(c) If alive, give age 34 years  
8. AGE: Years 34 Months 9 Days 9 if less than one day hrs. min.

9. Birthplace... Union Bridge, Md.  
(Town, county, and state)  
10. Usual occupation... Housewife  
11. Industry or business

12. Name J. Paul Zugley  
13. Birthplace Australia  
14. Maiden name Joanna Ziegler  
15. Birthplace Harrisburg, Pa.

16. Informant Deceased  
Address

17. Burial Date thereof April 15, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery xxxxxxxx Krider's Lutheran  
Location Westminster, Maryland  
18. Funeral director H. Bankard & Son  
Address Westminster, Maryland

19. Apr. 14 19 48  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 19 48 at 10 A M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 11 19 47 to Apr. 13 19 48  
and that I last saw h. alive on April 13 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 12 Mos.

Due to...  
Due to...  
Other conditions

(Include pregnancy within 8 months of death)  
Major findings of operations... Date of op...  
Autopsy results...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide... Date of...  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE R. W. Baccin M. D. JUDGE  
Address State Sanatorium, Md. Date signed 4/14/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 15 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03881

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 yrs.  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 8 East B.  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Ruth Elizabeth Henretty Painter

## 3.(b) Social Security Number

4. Sex F 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife James Painter6.(c) If alive, give age 40 years7. Birth date of deceased (mo., day, yr.) May 15, 1906

8. AGE: Years 41 Months 10 Days 25 If less than one day  
 hrs. min.

9. Birthplace Sandy Hook, Wash. Co., Md.  
(Town, county, and state)10. Usual occupation Housewife

## 11. Industry or business

12. Name James W. Henretty13. Birthplace Shenandoah Jct., W. Va.14. Maiden name Annie Willingham15. Birthplace Shenandoah Jct., W. Va.16. Informant James PainterAddress 8 East B. St. Brunswick17. Burial Date thereof April 12, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Edge HillLocation Charles Town, W. Va.18. Funeral director Yessie S. BaileyAddress 320 W. Potomac St. Brunswick19. 4-11 19. 48 Eugenie H. Burke  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1948 at 10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 1947 to April 9 1948and that I last saw him alive on April 9 1948Immediate cause of death Carcinoma of LiverDURATION 5 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or otherAddress Brunswick Date signed 4/10/48



RECEIVED

APR 13 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

950

03882

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since April 4, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 446 West South Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

HOWARD AMBROSE PHELPS

## 3. (b) Social Security Number

217-16-2935

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

W

## 6. (b) Name of husband or wife

Rosa B' Brien

## 6. (c) If alive, give age

## 7. Birth date of

deceased (mo., day, yr.)

March 1, 1888

## 8. AGE:

Years

Months

Days

If less than one day

6014

hrs.

min.

9. Birthplace Pearl-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Plater's Helper11. Industry or business Everedy CompanyFATHER 12. Name Orman Phelps13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Louise Carpenter15. Birthplace Frederick County Maryland16. Informant Mrs. Robert BurkholderAddress 226 E. 3rd St., Frederick, Md.17. BurialDate thereof 4/7/48

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 7-April 19 48

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th, 19 48, at 7:10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

april 4 19 48 to april 5 19 48and that I last saw him alive on april 5 19 48

Immediate cause of death

DURATION

Acute Cardiac Disturbance 18 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

EP Thomas  
Frederick, Maryland

M. D.

M. D. or other

4-5-48

Address Date signed

MARGIN RESERVED FOR BINDING

VS/A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

**APR 9 1948**

**BUREAU V. S.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Carpenter

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

830

03883

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 years  
 Hospital, institution, or street address where death occurred:  
517 West B St  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Fredrick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 517 West B St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war World War I

## 3. (a) FULL NAME

Lertie Robert Powers Sr.

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Nellie Jane McLaughlin

## 7. Birth date of deceased (mo., day, yr.)

November 7 18976. (c) If alive, give age 58 years

## 8. AGE:

Years

Months

Days

If less than one day

5552

hrs.

min.

## 9. Birthplace

Virginia

(Town, county, and state)

## 10. Usual occupation

B & O R.R. Conductor

## 11. Industry or business

Transportation

## MOTHER FATHER

## 12. Name

Samuel Powers

## 13. Birthplace

Virginia

## 14. Maiden name

Sallie Wilkerson

## 15. Birthplace

Virginia

## 16. Informant

L.R. Powers Jr.

## Address

Brunswick Md.

## 17.

Burial  
(Burial, cremation, or removal. Which?)Date thereof April 11 1948  
(month) (day) (year)

## Cemetery or crematory

Verona

## Location

Verona Augusta Co. Va.

## 18. Funeral director

C. N. Futer & Bros

## Address

Brunswick Md.

## 19.

April 9 48  
(Date rec'd by registrar)Kathryn H. Brown  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 19 48 at 8:50 a. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 19 48 to April 9 19 48 and that I last saw him alive on April 9 19 48

## Immediate cause of death

Cerebral Hemorrhage

## DURATION

4 days

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

## 23. SIGNATURE

W.B. Carpenter

M. D. over

Address Louittrull - Va Date signed 4/9/48

RECEIVED

APR 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 23 days

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County FrederickCity or town Dickerson, R.F.D. md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Laura Virginia Proctor4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband William H Proctor

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) July 20 - 18618. AGE: Years 86 Months 8 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Dickerson Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jelm Proctor13. Birthplace md.14. Maiden name Sophie J. Thompson15. Birthplace md.16. Informant Benjamin ProctorAddress Dickerson, R.F.D. md.17. Burial Date thereof Apr 21 1948  
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or Cemetery St MarysLocation Barnesville, Md.18. Funeral director William B. HiltonAddress Barnesville, Md.19. 19 April 1948 Elizabeth G. Hech.  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

None -

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1948, at 9:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 19 1948, to Apr 18 1948and that I last saw him/her alive on April 14 1948

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Arterio sclerotic \_\_\_\_\_cardio-vascular renal \_\_\_\_\_Disease disease \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Broncho pneumonia \_\_\_\_\_leukemia \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

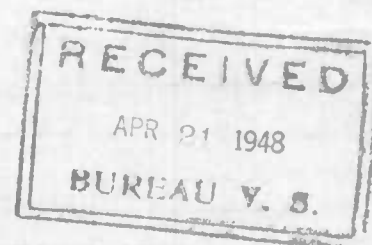
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. B. Hilton \_\_\_\_\_  
M. D. or other \_\_\_\_\_Address Poolsville, Md. Date signed 4/19/48





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

### 1. PLACE OF DEATH:

County Frederick  
City or town Middletown Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 67 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md. County Frederick  
City or town Rural Middletown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2. (a) If veteran, name war no

### 3. (a) FULL NAME

Barton C. Remsburg

### 3. (b) Social Security Number

no

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 29, 1886 6. (c) If alive, give age years

8. AGE: Years 61 Months 8 Days 24 If less than one day hrs. min.

9. Birthplace Middletown Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name John W. Remsburg  
13. Birthplace Middletown, Md.

MOTHER 14. Maiden name Olivia Charlton  
15. Birthplace Jefferson, Md.

16. Informant Emory Remsburg  
Address Jefferson, Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof 4-25-48  
(month) (day) (year)

Cemetery or crematory Reform Cemetery  
Location Middletown, Md.

18. Funeral director Glade Hill Co.  
Address Middletown, Md.

19. April 24, 1948 Maie Gladehill  
(Date reg'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1948, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948 to 1948 and that I last saw him live on April 23, 1948

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE P. W. Bow Deputy Med

Address Frederick, Md. M. D. or other

Date signed 4.23.48

MARGIN RESERVED FOR BINDING

VS A13 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 505 Magnolia Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

ELSIE J. NULL ROBERTS

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife James N. Roberts

7. Birth date of deceased (mo., day, yr.) October 1, 1870 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 77 Months 6 Days 1 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation At Home

## 11. Industry or business

12. Name John J. Null  
 13. Birthplace Frederick County Maryland

14. Maiden name Elizabeth E. Taylor  
 15. Birthplace Frederick County Maryland

16. Informant W. Maurice Roberts  
 Address 505 Magnolia Ave., Frederick, Md.

17. Burial Burial Date thereof 4/6/48  
 (Burial, cremation or removal, whichever) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 5 April 1948 Elizabeth E. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd, 1948 at 4:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 3, 1948 to April 2, 1948  
 and that I last saw her alive on April 2, 1948

Immediate cause of death

Carcinoma of ovary

DURATION

17 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Spillary adenocarcinoma of ovary with metastasis  
 Date of op. Therapy at Severn

Autopsy results Therapy at Severn  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Frederick, Maryland M. D.  
 M. D. or other \_\_\_\_\_

Frederick, Maryland Date signed 4-2-48

RECEIVED

APR 7 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03887

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 8/28/47  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 8/28/47

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County   
City or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1212 W. Fayette St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

William Shea

### 3. (b) Social Security Number

214-16-6557

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Separated

### 6. (b) Name of husband or wife

6. (c) If alive, give age  years  
7. Birth date of deceased (mo., day, yr.) August 18, 1895

8. AGE: Years 52 Months 7 Days 18 If less than one day  hrs.  min.

9. Birthplace Baltimore  
(Town, county, and state)

10. Usual occupation Spot Welder

### 11. Industry or business

12. Name William E. Shea  
13. Birthplace Easton, Maryland  
14. Maiden name Mary Hogan  
15. Birthplace Easton, Maryland

16. Informant Deceased

Address   
17. Burial Date thereof Apr. 8, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Woodlawn Cem.  
Location Baltimore, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. April 6 1948  
(Date rec'd by registrar) Registrar [Signature]

### MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1948 11:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28 1947 to April 5 1948  
and that I last saw him alive on April 5 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 20 Mos.

Due to   
Due to   
Other conditions   
(Include pregnancy within 3 months of death)

Major findings of operations  Date of op.

Autopsy results   
PHYSICIAN: Please overline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  Date of   
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)   
Means of injury  Injured at work?

23. SIGNATURE R. W. Ballin M. D. [Signature]  
Address State Sanatorium, Md. Date signed 4/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the case of age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 8 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick, Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 wks  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 6 wks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Potomac  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Route #1  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

John Earl Simpson

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Anne Stark  
 7. Birth date of deceased (mo., day, yr.) March 15, 1852  
 6.(c) If alive, give age years  
 8. AGE: Years 96 Months 20 Days 20 If less than one day  
 hrs. min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1948 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
February 23 1948 to April 4 1948  
 and that I last saw him alive on April 4 1948

Immediate cause of death

Arterio-sclerotic Cardio-vascular disease

DURATION

10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard H. Henshaw, M.D.  
 Address Frederick, Md. Date signed

9. Birthplace Brownsville  
 (Town, county, and state)  
 10. Usual occupation Long truck retired  
 11. Industry or business C.O. Canal  
 12. Name Henry Simpson  
 13. Birthplace Maryland  
 14. Maiden name Sarah Watkins  
 15. Birthplace Maryland  
 16. Informant Mrs. G.R. Ebberts  
 Address Knovill, Maryland  
 17. (Burial, cremation, or removal, when?) Date thereof Apr 8, 1948  
 (month) (day) (year)  
 Cemetery or crematory Luthan  
 Location Brownsville, Maryland  
 18. Funeral director C.H. Teate & Bros  
 Address Brownsville, Maryland  
 19. 5 April 1948 Elizabeth S. Heck  
 (Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 1 Day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 229 Center Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

CHARLES EDWARD SMITH

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Nellie J. Biggs Smith  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) February 10, 1868  
 8. AGE: Years 80 Months 1 Days 27 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County, Maryland  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Henry Smith

13. Birthplace Frederick County, Md.

14. Maiden name Susan Smith

15. Birthplace Frederick County, Md.

16. Informant Mr. H. Franklin Smith

Address Frederick, Maryland

17. Burial Date thereof April 8, 1948  
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 8 April 1948 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1948 at 10:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1948 to April 6 1948  
 and that I last saw him alive on April 5 1948

Immediate cause of death Coronary Arteriosclerosis

Due to Myocardium

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE F. H. Hegde M. D. or other \_\_\_\_\_

Address Frederick Date signed 7/48

03889

93d



UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

*Handwritten signature*

LETTER TO THE ATTORNEY GENERAL

RE: [illegible]

NOT RECORDED

RECEIVED  
APR 9 1948  
BUREAU V. S.

03890

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
93d  
CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:  
County Frederick  
City or town Woodstock  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State md County Frederick  
City or town Woodstock  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Martha Florence Smith 3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife James A. Smith  
7. Birth date of deceased (mo., day, yr.) Dec. 15 1860  
6.(c) If alive, give age years  
8. AGE: Years 87 Months 4 Days 17 hrs. min.

9. Birthplace Frederick Co  
(Town, county, and state)  
10. Usual occupation Housewife  
11. Industry or business  
12. Name Abraham Neustbaum  
13. Birthplace Frederick Co.  
14. Maiden name Margaret Cashour  
15. Birthplace Frederick Co  
16. Informant James Smith  
Address Woodstock  
17. Burial Date thereof April 22, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or ~~place~~ Union Chapel  
Location W. Liberty town  
18. Funeral director J. C. Barton  
Address Walkersville  
19. 4/21 19 48 L. C. Powell  
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION  
20. DATE OF DEATH 18 April 19 48 at 11:55 P. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 November 19 47 to 18 April 19 48  
and that I last saw h. or alive on 18 April 19 48  
Immediate cause of death Congestive cardiac failure  
Due to arteriosclerotic cardiovascular disease  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)  
Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE James E. Stoner Jr. MD  
Address Walkersville Md. M. D. or other  
Date signed 21 April 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03891

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since April 7, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Adamstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

CASPER FRANKLIN SPRING

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Virginia Carnes

7. Birth date of

deceased (mo., day, yr.)

April 1, 19036. (c) If alive, give age 30 years

8. AGE:

Years

Months

Days

If less than one day

45010

hrs.

min.

9. Birthplace

Taylorstown-Loudoun-Virginia

(Town, county, and state)

10. Usual occupation

Watchman

11. Industry or business

Baltimore & Ohio Railroad

FATHER

12. Name

Franklin Spring

13. Birthplace

Loudoun County Virginia

MOTHER

14. Maiden name

Mary E. Snootz

15. Birthplace

Loudoun County Virginia

16. Informant

Mrs. Virginia Spring

Address

Adamstown, Maryland

17. Burial

Burial

Date thereof

4/14/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Pauls Cemetery

Location

Point of Rocks, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 13 April 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 19 48 at 4:50P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 8 19 48 to April 11 19 48and that I last saw him alive on April 10 19 48

Immediate cause of death

Thrombocytopenic purpura

DURATION

4 hrs

Due to

Acute myocardial failure2 Days

Due to

Coronary thrombosis3 Days

Other conditions

Pulmonary tuberculosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. J. Price M. D.

M. D. or other

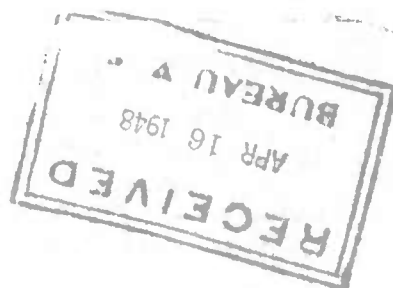
Address Jefferson, MarylandDate signed 4-12-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

03892

## 1. PLACE OF DEATH:

County FrederickCity or town new market  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 62 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

STEVENS, CLARENCE T

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife GRACE GRIMES STEVENS

7. Birth date of

deceased (mo., day, yr.)

July 26, 18856. (c) If alive, give age 55 years

8. AGE:

Years

Months

Days

If less than one day

62928

hrs.

min.

9. Birthplace

New Market Frederick Md.

(Town, county, and state)

10. Usual occupation

Mechanic.

11. Industry or business

FATHER

12. Name

Theodore A Stevens.

13. Birthplace

Frederick Co Md.

MOTHER

14. Maiden name

Eliabeth Dorsey.

15. Birthplace

Frederick Co Md.

16. Informant

Grace G. Stevens wife

Address

new market Md.

17.

Burial

(Burial, cremation, or removal? Which?)

Date thereof

4 27 48

Cemetery or crematory

Mount Olivet Frederick Md

Location

18. Funeral director

W.E. Falconer.

Address

new Market Md

19.

April 26

19

48 Lucian K. Falconer

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

new Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

220-10-5740

## MEDICAL CERTIFICATION

20. DATE OF DEATH

24 April

19

48 at 3:00 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

new Market 19 48 to 19 48and that I last saw him alive on 24 April 19 48

Immediate cause of death

Angina Pectoris

DURATION

1 yr. (?)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Charles H. Conley Jr. M.D.  
Asst. Dep. Med. Exam. or other

Address

Frederick Md

Date signed

4/26/48

RECEIVED

APR 29 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03893

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County Frederick  
 City or town Creagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 yrs  
 Hospital, institution, or street address where death occurred: —  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State md. County Frederick  
 City or town Creagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. —  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war —

## 3. (a) FULL NAME

Nannie Staup Stevens

## 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife James S. Stevens

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1894

8. AGE: Years 73 Months 4 Days 28 If less than one day — hrs. — min. —

9. Birthplace Creagerstown  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

12. Name Eugene D. Staup

13. Birthplace Creagerstown District

14. Maiden name Sarah Bell

15. Birthplace Creagerstown district

16. Informant Mr. Osadac S. Stevens

Address 15th. St., Frederick, Md.

17. Burial Date thereof April 6, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. John's Lutheran

Location Creagerstown, Md.

18. Funeral director S. C. Barton

Address Walkersville, Md.

19. Apr. 5 1948 Blanche S. Eyles  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1948 at 9:55 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 1947 to April 2 1948  
 and that I last saw him alive on April 2 1948

Immediate cause of death Chronic myocarditis

DURATION ?

Due to —

Due to —

Other conditions Diabetes mellitus

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. —

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Birch

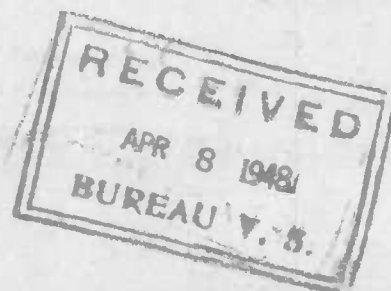
M. D. or other —

Address Lawmont Md

Date signed 4/3/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





03894

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Montevue

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

CHARLES ELSWORTH THOMPSON

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Margaret Thompson

7. Birth date of deceased (mo., day, yr.)

(Unknown) 1873

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

75?

hrs. min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Alfred Thompson

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Mary (last name unknown)

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Ralph Tilghman

Address

Frederick, Maryland

17.

Burial

4/22/48

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Ebenezer Cemetery

Location

Near Urbana, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

20 April 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 19th 1948at 4:30A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1948 to April 19 1948

and that I last saw him alive on

April 19 1948

Immediate cause of death

Gastric Hemorrhage

DURATION

3 hours

Due to

Carcinoma Stomach6 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard H. Hunsaker

M. D.

M. D. or other

Address Frederick, Maryland

Date signed

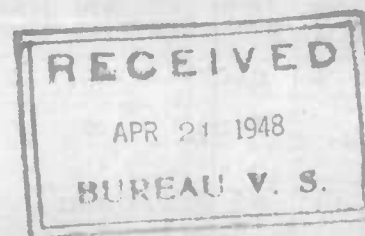
4-19-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

APR 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

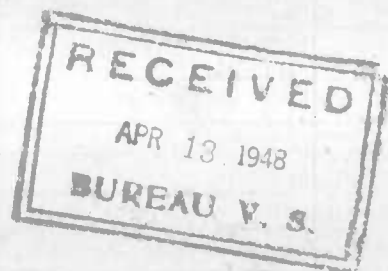
## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03895

95c

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <b>1. PLACE OF DEATH:</b><br>County <u>Frederick</u><br>City or town <u>Frederick</u><br>(If outside city or town limits, write RURAL and give nearest town)<br>How long in above place of death? <u>About 50 Years</u><br>Hospital, institution, or street address where death occurred:<br><u>Frederick Memorial Hospital</u><br>How long in hospital or institution? <u>2 Days</u> |  |  |  | <b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b><br>(For newborn infants give residence of mother)<br>State <u>Maryland</u> County <u>Frederick</u><br>City or town <u>Rural - Dickerson</u><br>(If outside city or town limits, write RURAL and give nearest town)<br>Street No. _____<br>(If rural, give LOCATION)<br>2. (a) If veteran, name war _____ <u>None</u> |  |  |  |
| <b>3. (a) FULL NAME</b><br><u>WILLIAM HENRY TWITTY</u>  |  |  |  | <b>3. (b) Social Security Number</b><br><u>None</u>  |  |  |  |
| <b>4. Sex</b><br><u>Male</u>  |  |  |  | <b>5. Color or race</b><br><u>Colored</u>  |  |  |  |
| <b>6. (a) Single, married, widowed, or divorced</b><br><u>Single</u>  |  |  |  | <b>MEDICAL CERTIFICATION</b>   |  |  |  |
| <b>6. (b) Name of husband or wife</b> _____   |  |  |  | <b>20. DATE OF DEATH</b> <u>April 9th</u> 19 <u>48</u> at <u>10:00A.M.</u>   |  |  |  |
| <b>7. Birth date of deceased (mo., day, yr.)</b> <u>? 1873</u>  |  |  |  | <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Apr 8</u> 19 <u>48</u> to <u>Apr 9</u> 19 <u>48</u> and that I last saw him <u>alive</u> on _____ 19 ____  |  |  |  |
| <b>8. AGE:</b> Years <u>? 75</u> Months _____ Days _____ If less than one day _____ hrs. _____ min.   |  |  |  | <b>Immediate cause of death</b> _____  |  |  |  |
| <b>9. Birthplace</b> <u>North Carolina</u><br>(Town, county, and state)   |  |  |  | <b>Due to</b> <u>Acute Cardiac Distention</u>  |  |  |  |
| <b>10. Usual occupation</b> <u>Laborer</u>  |  |  |  | <b>Due to</b> _____  |  |  |  |
| <b>11. Industry or business</b> _____   |  |  |  | <b>Other conditions</b> _____  |  |  |  |
| <b>12. Name</b> <u>Harvey Twitty</u>  |  |  |  | (Include pregnancy within 8 months of death)   |  |  |  |
| <b>13. Birthplace</b> <u>Unknown</u>  |  |  |  | <b>Major findings of operations</b> _____  |  |  |  |
| <b>14. Maiden name</b> <u>Unknown</u>   |  |  |  | _____ Date of op. _____  |  |  |  |
| <b>15. Birthplace</b> <u>Unknown</u>  |  |  |  | <b>Autopsy results</b> _____   |  |  |  |
| <b>16. Informant</b> <u>Records at Frederick Memorial Hospital</u>  |  |  |  | <b>PHYSICIAN: Please underline the cause to which death should be charged statistically.</b>   |  |  |  |
| <b>Address</b> <u>Frederick, Maryland</u>   |  |  |  | <b>22. VIOLENCE:</b> If death was due to external causes, fill in the following:   |  |  |  |
| <b>17. Burial</b> <u>Burial</u> Date thereof <u>April 13, 1948</u><br>(Burial, cremation, or removal. Write) (month) (day) (year)   |  |  |  | Accident, suicide, or homicide _____ Date of _____   |  |  |  |
| <b>Cemetery or crematory</b> <u>Forest Grove Cemetery</u>   |  |  |  | Where did injury occur? _____ (City or town) _____ (County) _____ (State)  |  |  |  |
| <b>Location</b> <u>Forest Grove, Maryland</u>   |  |  |  | Injured at home, farm, industry, public place (where?) _____   |  |  |  |
| <b>18. Funeral director</b> <u>C. E. Cline &amp; Son</u>  |  |  |  | Means of injury _____ Injured at work? _____   |  |  |  |
| <b>Address</b> <u>Frederick, Maryland</u>   |  |  |  | <b>23. SIGNATURE</b> <u>EP Thomas</u> M. D. or other _____   |  |  |  |
| <b>19. 10 April</b> 19 <u>48</u> <u>Elizabeth S. Heck</u> Registrar   |  |  |  | Address <u>Frederick, Md.</u> Date signed <u>Apr 10 48</u>   |  |  |  |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 03896 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

George Clarence Warner

## 3. (b) Social Security Number

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Margaret Stank7. Birth date of deceased (mo., day, yr.) Feb. 5, 1875 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years 73 Months 2 Days 15 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.8. Birthplace Frederick Co.  
(Town, county, and state)10. Usual occupation Painter, paper hanger

11. Industry or business \_\_\_\_\_

12. Name David M. Warner13. Birthplace Frederick, Md.14. Maiden name Jane E. Morte15. Birthplace Frederick Ind16. Informant Charles D. WarnerAddress 130 North Ave, Hagerstown, Md.17. Burial Date thereof Apr. 13, 1948  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or repository Lutheran BreaguestownLocation Breaguestown18. Funeral director W. J. WellhidesAddress Thurmont19. 21 April 19 48 Elizabeth G. Hesk.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 19 48, at 7:30 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 19 48, to April 20 19 48, and that I last saw him alive on April 19 19 48Immediate cause of death Heart disease -  
Coronary occlusion DURATION 2 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. M. Hesk. Thurmont M. D. or other \_\_\_\_\_Address Thurmont, Md. Date signed Apr. 20-48

RECEIVED

APR 23 1948

BUREAU V. S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03897

## CERTIFICATE OF DEATH

Reg. Dist. No.

131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 hours  
 Hospital, institution, or street address where death occurred:  
Frederick Memorial Hospital  
 How long in hospital or institution? 10 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Carroll  
 City or town Bureau Bridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R. 10 #2  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war ✓

## 3. (a) FULL NAME

Leon Edward Wetzel

## 3. (b) Social Security Number

NONE

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

March 5 - 1942

## 6. (c) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

617

hrs.

min.

## 9. Birthplace

Carroll County, Md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

## MOTHER FATHER

## 12. Name

Leon D. Wetzel

## 13. Birthplace

Maryland

## 14. Maiden name

Rosie Pettibone

## 15. Birthplace

Maryland

## 16. Informant

Leon D. Wetzel

## Address

Bureau Bridge R. 10, Md.

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

4/15/48  
(month) (day) (year)

## Cemetery or crematory

Bethesda Cemetery

## Location

Frederick, Md.

## 18. Funeral director

W. H. Gritzner & Sons

## Address

Bureau Bridge R. 10, Md.

## 19.

(Date rec'd by registrar)

Apr. 13 1948Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 131948, at8<sup>20</sup> P. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 12 1948 to April 12 1948and that I last saw him alive on April 12 1948

## Immediate cause of death

Petainus

## DURATION

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

## Date of op.

## Autopsy results

## PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

## Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

E. P. Shum

## M. D. or other

## Address

Frederick, Md.Date signed April 14 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03898

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:  
Frederick Memorial HospitalHow long in hospital or institution? 1 Day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 120 Water Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

RICHARD FRANKLIN WETZEL

## 3. (b) Social Security Number

None

|             |                  |   |
|-------------|------------------|---|
| 4. Sex      | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
| <u>Male</u> | <u>White</u>     | <u>Single</u>                               |

6.(b) Name of husband or wife None

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) January 10, 1945

|         |          |          |          |                       |
|---------|----------|----------|----------|-----------------------|
| 8. AGE: | Years    | Months   | Days     | If less than one day  |
|         | <u>3</u> | <u>3</u> | <u>5</u> | _____ hrs. _____ min. |

9. Birthplace Frederick, Maryland  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Sterling J. Wetzel13. Birthplace Frederick County, Maryland14. Maiden name Mildred Bagent15. Birthplace Frederick, Maryland16. Informant Mr. Sterling J. WetzelAddress 120 Water St., Frederick, Md.17. Burial Date thereof April 17, 1948  
(Burial, cremation, or removal, where?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 16 April 1948 Elizabeth B. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 19 48 at 2:05 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14 19 48 to April 15 19 48and that I last saw him alive on April 15 19 48

Immediate cause of death \_\_\_\_\_

Diphtheria (Laryngeal) DURATION 5 days?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Broncho-Pneumonia 2 days

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. A. Pearce, M.D. M. D. or other \_\_\_\_\_Address Frederick, Md. Date signed 4/16/48

RECEIVED

APR 19 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

03899

131

1. PLACE OF DEATH: **Frederick**  
 County.....  
 City or town **Frederick**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **since April 15, 1948**  
 Hospital, institution, or street address where death occurred:  
**Frederick Memorial Hospital**  
 How long in hospital or institution? **2 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County **Frederick**  
 City or town **Rural Mt. Airy**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **R.F.D. # 4**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

### 3. (a) FULL NAME

**Dora Lotta Woodson**

### 3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**  
 6.(b) Name of husband or wife **Charles E Woodson**  
 6.(c) If alive, give age **66** years  
 7. Birth date of deceased (mo., day, yr.) **June 1, 1882**  
 8. AGE: Years **65** Months **10** Days **16** If less than one day  
 hrs. min.

9. Birthplace **Rockbridge Co., Va.**  
 (Town, county, and state)  
 10. Usual occupation **Housewife**  
 11. Industry or business **Farm**  
 12. Name **James Hicks**  
 13. Birthplace **Rockbridge Co., Va.**  
 14. Maiden name **Susan Roberts**  
 15. Birthplace **Rockbridge Co., Va.**

16. Informant **John Woodson**  
 Address **Milburn, W.Va.**  
 17. **Removal** Date thereof **4/18/1948**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory.....  
 Location **Montgomery, W.Va.**  
 18. Funeral director **M.R. Echison and Son**  
 Address **Frederick, Md.**

19. **17 April** 19 **48** **Elizabeth G. Heck**  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **April 17** 19 **48** at **11:45 AM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **never** 19..... to 19.....  
 and that I last saw her **live on 17 April** 19 **48**

Immediate cause of death **Fractured Skull** DURATION **48 hrs.**

Due to.....  
 Due to.....  
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide **Accident** Date of **4/15/48**  
 Where did injury occur? **M. Mt. Airy, Fred, Md.** (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) **Home Farm**  
 Means of injury **Fell from haybox** Injured at work? **yes**

23. SIGNATURE **Charles H. Conley, Jr., M.D.**  
**Asst. Dep. Med. Exam.** or other **4/17/48**  
 Address **Frederick, Md.** Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

03900

## 1. PLACE OF DEATH:

County Frederick  
Frederick-Rural R. F. D. #4  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 60 Years  
 Hospital, institution, or street address where death occurred:  
Near Frederick  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #4  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Frederick  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

CEPHUS HENRY ZIMMERMAN

## 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W  
 6. (b) Name of husband or wife Ella Derr  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) December 12, 1860  
 8. AGE: Years 87 Months 4 Days 10 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Nr. Church Hill-Frederick-Md.  
 (Town, county, and state)  
 10. Usual occupation Retired Farmer  
 11. Industry or business

MOTHER FATHER  
 12. Name Peter T. Zimmerman  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Anna Maria Cronise  
 15. Birthplace Frederick County Maryland

16. Informant Curtis T. Zimmerman  
 Address 530 Trail Ave., Frederick, Md.

17. Burial Date thereof 4/24/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 23 April 1948 Elizabeth G. Hack  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd 1948 at 6 A  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15th 1948 to April 22 1948  
 and that I last saw him alive on April 22nd 1948

Immediate cause of death Cerebral Dropsy  
 Due to Myocarditis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)  
 Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Frank H. Hedger M. D.  
Frederick, Maryland M. D. or other  
 Address \_\_\_\_\_ Date signed 4-23-48

RECEIVED

APR 24 1948

BUREAU V. S.